

Special Article

How Members Have Their Say in the AMA

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THE AUTHORITY FOR ESTABLISHING policy for the American Medical Association rests primarily in the hands of 244 physicians who constitute the AMA House of Delegates. State representation is based on one delegate per thousand AMA members or fraction thereof; each state has at least one delegate. In addition, there is one delegate each from the Veterans Administration; the Public Health Service; the medical departments of the Army, Navy and Air Force; and each of the scientific sections of the AMA (surgery, psychiatry, and so forth).

The House meets regularly twice a year: the Annual Session takes place in June and the Clinical Session usually begins the first weekend after Thanksgiving. Although these are the only formal meetings of the House of Delegates, the business of the House is carried on throughout the year. Commissions and standing and special committees are continuously engaged in investigative, planning, and reporting duties. They carry out the policies established at previous sessions and gather material for reports to be considered at forthcoming meetings. By this means, delegates to the House serve not just for the few days of the scheduled session but throughout the year.

Many delegates are officers of county or state medical societies or are active members of committees and commissions thereof. While performing their duties as such, sitting as members of their state house of delegates, or acting on behalf of their own county societies and hospital staffs,

delegates should be continuously alert to the expressed wishes of their colleagues, thereby gaining the knowledge necessary to represent them effectively when the AMA House of Delegates is in session. The members of the CMA would be well advised to know their 25 delegates and 25 alternates and to make their wishes known to them.

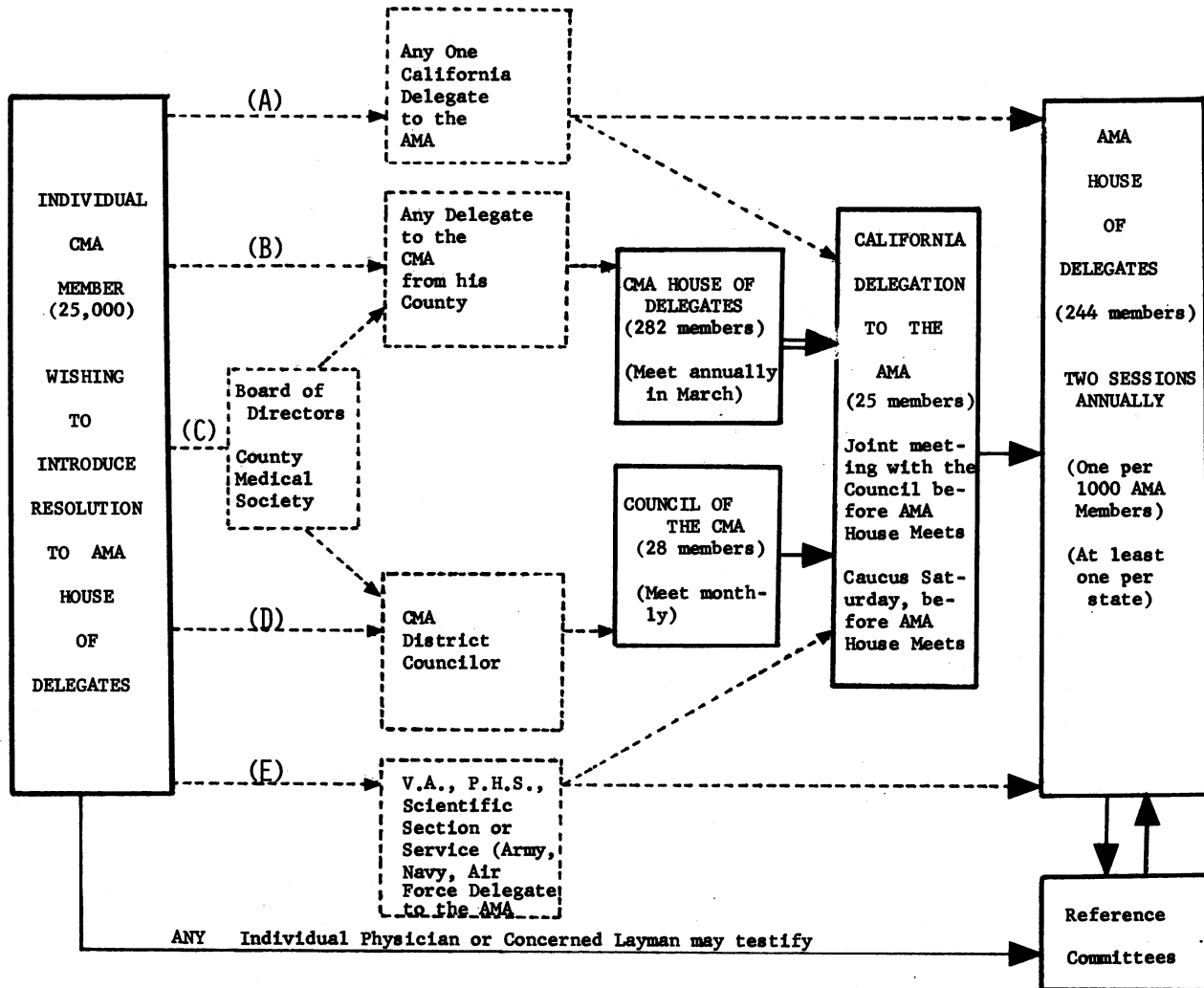
The accompanying diagram shows that it is relatively simple for any one of the 25,000 CMA members to have a concept dealing with medicine or medical care considered in the form of a resolution by the AMA House of Delegates. Some of the routes shown on the chart are most direct and simple, but there are also other approaches that are sometimes more effective in that as a measure progresses toward becoming the official business of the national parliamentary body it can gather the support of other individual physicians and of official bodies of the local and state medical societies.

In Approach A (see chart), if a California physician can convince one of the 25 delegates from California that his proposed resolution has merit, the delegate then can routinely introduce the resolution into the AMA House of Delegates at any time up to noon of the Saturday preceding the first meeting of the House. The delegate is not required to seek the support of the California delegation or even to bring the matter to its attention. Nor is it necessary that he himself subscribe to the proposition. If he does submit the resolution to his delegation for its consideration and can convince the delegation of the merits of the proposition, he will gain the support of the strongest delegation to the AMA.

Dr. Combs is Chairman of the CMA Delegation to the American Medical Association.

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HOW YOUR RESOLUTION REACHES THE AMA



Any resolution reaching the California delegation from whatever source is reproduced and mailed to all members of that delegation for their consideration. This action usually results in suggestions which materially strengthen the proposal. If introduced as a resolution of the California delegation, its chances for adoption at the national level are immeasurably increased.

At the last session of the CMA Council before the meeting of the AMA House of Delegates, a meeting of the Council and the California delegation is held to enable the delegates to learn the attitudes of the Council on the many resolutions. Although this meeting is usually attended by the entire delegation, the delegates may be represented only by the chairman of the delegation and the chairman of the Committee on Resolutions.

As indicated in Approach B, if time permits, it is advisable for the author of a resolution to submit it to the CMA House of Delegates through any delegate from his county society. Since the CMA House of Delegates meets only once annually (usually in March), a rather long lead time obviously is needed. On the other hand, this approach provides the benefit of discussion by the county delegation and, if the proposal is favorably considered by the CMA House, the support of that most significant body. Our AMA delegation believes that if the CMA House of Delegates instructs it to introduce a resolution to the AMA House, it must do so. On rare occasions the delegates may vote not to introduce a resolution because intervening events or new knowledge acquired after the receipt of the instructions make a change of course necessary, or

because they have learned that such a resolution would be contrary to the public law or other governing regulations. In such circumstances the delegation must be willing and able to explain to the CMA House of Delegates its reason for withholding the resolution.

Over the years we have observed that what becomes AMA policy today often had become the policy of one or several states two or three years previously and indeed had been first inaugurated at the county level in those states even before that. Hence the pathway indicated by Approach C should be considered fundamental. When the individual physician, through whatever techniques prevail in his county, brings an issue to the board of directors of his county medical society, it should receive that board's earnest consideration; and, if circumstances warrant, it should be directed onward either through a delegate from the county to the CMA House of Delegates or through the district member of the Council of the CMA. Many of the resolutions carried forward by the California delegation come from the Council. They may originate in the Council as a result of its deliberations, or they may have been brought to the Council by the district Councilor on the instructions of a county medical society. As depicted in Approach D, the individual physician may have personally approached the councilor from his own district. The strength of Approach C is that any resolution traversing this path has benefited from the combined thinking of individuals at all levels of organized medicine in California.

Issues which pertain primarily to the practice of medicine in the Veterans Administration, the Public Health Service, one of the armed services (Army, Navy or Air Force), or one of the specialty groups (such as urology, radiology or

pediatrics) are sometimes best introduced to the House of Delegates of the AMA through the representative of the special group. Just as in Approach A, this delegate can introduce the item directly to the AMA house. On the other hand, if the special delegate comes from California, he traditionally sits with our caucus and therefore would have submitted the resolution to us to inform us and solicit our support. Last year four of these special delegates were from our state, which in effect increased the size of the California delegation to 29.

The individual physician has not only a right to introduce a resolution by any of the above techniques but also a right to speak to any resolution before a reference committee of the AMA House. Most of the discussing, debating, and amending of resolutions takes place before the various reference committees. A member of the AMA needs no special permission to appear before these committees and can speak to any resolution under consideration, including his own. If he feels it wise to have interested laymen enter the discussion, with permission of the chairman of the committee they may have the privilege of the floor. If the individual supporter of a resolution is dissatisfied with the action of the reference committee, he can request and, with the support of two-thirds of the House of Delegates, be granted permission to argue the issue on the floor of the House. This course of action is rarely followed because along the way the resolution either will have gained the support of members of the House who will then champion it, or the sponsor, having heard the debate, will have surrendered. Nevertheless, the right is there, and to exercise it is entirely proper should the need arise.

It is your AMA. You can help to make its policy.

BLEEDING VARICES, GLABROUS CHEST?—CIRRHOSIS

Whenever I see a patient with bleeding varices who has no hair on his chest, that's cirrhosis of the liver until proven otherwise. . . . Well over 90 percent of cirrhotics have no hair on their chest.

—PHILIP THOREK, M.D., Chicago
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